

Medicaid					
Patient	Date Written	Date Filled	Controlled Substance	Prescription	Medicaid Payment
B.S.	2020-08-05	2020-11-13	No	HYDROXYCHLOROQUINE 200 MG T	\$ 13.23
B.S.	2020-08-05	2021-01-13	No	HYDROXYCHLOROQUINE 200 MG T	\$ 4.56
A.S.	2020-08-25	2020-08-25	Schedule II	HYDROCODONE-ACETAMIN 10-325	\$ 6.65
V.G.	2020-08-27	2020-09-03	Schedule II	OXYCODONE-ACETAMINOPHEN 10-	\$ 20.12
J.G.	2020-09-09	2020-09-09	Schedule II	HYDROCODONE-ACETAMIN 10-325	\$ 2.84
J.G.	2020-09-09	2020-09-09	No	CEPHALEXIN 250 MG CAPSULE	\$ 6.20
D.V.	2020-11-05	2020-11-05	No	AMOXICILLIN 500 MG CAPSULE	\$ 6.51
A.S.	2020-12-28	2020-12-30	Schedule II	HYDROCODONE-ACETAMIN 10-325	\$ 7.63
A.S.	2020-12-28	2020-12-28	No	AZITHROMYCIN 250 MG TABLET	\$ 6.14
M.S.	2021-01-09	2021-01-10	No	AZITHROMYCIN 250 MG TABLET	\$ 3.15
M.S.	2021-01-10	2021-01-10	Schedule II	HYDROCODONE-ACETAMIN 10-325	\$ 2.76
M.S.	2021-02-10	2021-02-10	No	SODIUM FLUORIDE 1.1% GEL	\$ 8.03
					<b>\$ 87.82</b>